MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CI) MS #17084, MS #17304, MS #17321, MS #17322, MS #17324, and MS #17325 on 12/2/20 to 12/4/20. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Age and Infirm. The SA substantiated MS #17321, MS #17084, and MS #17325 and cited M 225; 45.4.1; Level II, Pattern, for failure to maintain minimum requirements for nursing staff ratio of two and eight tenths (2.8) hours of direct nursing care per resident per 24 hours. MS #17304 was not substantiated for neglect. MS #17322 was not substantiated for abuse. MS #17324 was not substantiated for Infection Control concerns regarding the use of Personal Protective Equipment (PPE). The census at the time of the survey was 63 with a license for 80 beds.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/29/20